

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018565

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

116
FILED JUN 11 1962

Primary Registration District No.

3020

Registrar's No.

121

STATE FILE NUMBER

VS 300
Rev. 4/59

0365

20365

3

4 0

5 2

6

7 0

8 2

9 2040

10

11

12 - 0

13 5-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

FRANKLIN

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WASHINGTONLength of stay in lb
72 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST FRANCIS HospInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

FRANKLIN

c. CITY
OR TOWN WASHINGTONInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 7 E 2ND

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

HERMAN

Middle

J. ELBERT

Last

4. DATE
OF DEATH

Month

Day

Year

6

2

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-14-1889

9. AGE (last birthday)

72-10-15

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

CLOVER BOTTOM

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

GERHARD ELBERT

13b. MOTHER'S MAIDEN NAME

ANNA MEISNER

14. NAME OF HUSBAND OR WIFE

AMELIA HOER (DCE'D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

BEN EIBERT, WASHINGTON MO

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chc lymphatic leukemia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

secondary anemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-1-62 to 6-2-62 and last saw him alive on 6-1-62.

Death occurred at 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD chemist MD

22b. ADDRESS

MD & Elm, Washington MO 6-4-62

22c. DATE SIGNED

(State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-5-1962 ST. FRANCIS

ADDRESS

24. FUNERAL DIRECTOR

WIEBURG & VITY INC. G.A. Vity

Washington, Mo

(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.

6/5/62

26. REGISTRAR'S SIGNATURE

Leola E. Heidmann

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Vernon S. Vedder

Licensed Embalmer No. 5031

P. O. Address Washington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.